

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 09/09/2021	Time of Crash 15:00 24HR	City/Town NEWTON	Number Vehicles 3	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 355 CRAFTS ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				2 11				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000681		
License # --- St NY DOB/Age ---			Reg # 6C5966 Reg Type CON Reg State ME			Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL Endorsment			Veh Year 2007 Veh Make TOYOTA Veh Config. 2 20		
Operator ALEXA STEFAN			Owner CONEX			Address 8 TALL PINES LANE			Address 952 POST RD		
City NESCONSET State NY Zip 11767			City MOODY State ME Zip 04054			Insurance Company SELF INSURED			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Citation # (If Issued)			10 Undercarriage		
Violation 1: Ch Sec Violation 2: Ch Sec			Most Harmful Event 1 23			Driver Contributing Code 5 24 24			11 Totalled		
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N			Diagram					
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex			26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code			Medical Facility		
Operator			See Above			1 4 99 0 0 10 1			NONE		
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 2 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # --- St MA DOB/Age ---			Reg # 6HX124 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment			Veh Year 2007 Veh Make NISSAN Veh Config. 2 20		
Operator CHILEL MARIA			Owner (Same as operator)			Address 158 CHESTNUT ST (apt. 1)			Address		
City WALTHAM State MA Zip 02413			City State Zip			Insurance Company FOREMOST			Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Citation # (If Issued)			10 Undercarriage		
Violation 1: Ch Sec Violation 2: Ch Sec			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			11 Totalled		
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Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex			26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code			Medical Facility		
Operator/Non-Motorist			See Above			1 4 99 0 0 10 1			NONE		
LUX, FIORELLA			158 CHESTNUT ST (apt 1) WALTHAM, MA 02413			F 4 4 4 99 0 0 10 1			NONE		

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Date of Crash 09/09/2021	Time of Crash 15:00 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				9
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number				10
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street				Feet N S E W of _____ Landmark				11
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 3 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000681		
License # --- St MA DOB/Age ---			Reg # 5APV80 Reg Type PAN Reg State MA			Veh Year 2004 Veh Make CHEV Veh Config. 2 20					12
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Endorsment			Operator PAOLINI LOUISE Last First Middle			Owner MACKENZIE ALEXANDER Last First Middle			Address 72 FAIR OAKS AVE		
Address 103 ADAMS ST.			City NEWTON State MA Zip 02458			City NEWTON State MA Zip 02460			Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)		
Insurance Company COMMERCE			Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N			10 Undercarriage 11 Totaled		13
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility			Operator See Above ----- --- 1 4 99 0 0 10 1 NONE					
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped											
License # --- St DOB/Age ---			Reg # _____ Reg Type _____ Reg State _____			Veh Year _____ Veh Make _____ Veh Config. 20					
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsment			Operator _____ Last First Middle			Owner _____ Last First Middle			Address _____		
Address _____			City _____ State _____ Zip _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)		
Insurance Company _____			Vehicle Travel Direction: N S E W Responding to Emergency? _____			Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____			10 Undercarriage 11 Totaled		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility			Operator/Non-Motorist See Above ----- ---					

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

**If Crash Did Not Occur on a Public Way:**

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**Indicate North by Arrow**

**Crash Narrative:**

On September 9th, 2021 at approximately 15:05 hours while working N491 I responded to #355 Craft St for a report of a 3 vehicle crash.

On my arrival I located all involved MV'S. Vehicle #1 was a White Toyota Sienna, Comcast truck, commercial plate ME 6c5966, operated by a Stefan Alexa. He reported going N/B on Craft St when vehicle #2 suddenly stopped in front of him. His vehicle then rear ended vehicle #2 which got forced into vehicle #3.

Vehicle #2 was a 2007 Grey SUV Amada, Ma reg. 6HX124, operated by a Maria Chilel. She reported going N/B on Craft St when vehicle #3 suddenly stopped in front of her. She then stopped her vehicle. However her Vehicle was then rear ended by vehicle #1 which caused her to be forced into the rear of vehicle #3.

Vehicle #3 was a white chev pick up truck MA Reg. 5APV80, operated by a Louise Paolini. She stated that she

(Continued on next page)

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

**Truck and Bus Information:**

Registration # 6C5966 (From Vehicle Section)

Carrier Name CONEX Carrier Issuing Authority Code 35

Address PO BO 701 City MOODY St ME Zip 04054

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State MAINE ICC #: \_\_\_\_\_ Interstate 99 <sup>36</sup>

Cargo Body Type Code 0 <sup>37</sup> Gross Vehicle Weight 1 <sup>38</sup>

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

**Hazmat Information:**

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42

**THOMAS J MCCARTHY**      NEWTON POLICE DEPT      09/09/2021

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24:00

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

**Crash Diagram:**

ie: → 1 → 2 →



If Crash Did Not Occur  
on a Public Way:

- ☐ Off-Street Parking Lot  
☐ Garage  
☐ Mall/Shopping Center  
☐ Other Private Way

Indicate North by Arrow



**Crash Narrative:**

was travelling N/B on Craft St when a vehicle in front of her suddenly stopped. She was able to stop her vehicle but was rear ended by vehicle #2. She later learned that vehicle #2 was forced into her vehicle after she was rear ended by vehicle #1.

There were no injuries or tows due to this crash.

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

**Hazmat Information:**

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42

THOMAS J MCCARTHY

NEWTON POLICE DEPART

09/09/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date